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The Promise of Long Acting and Permanent Methods

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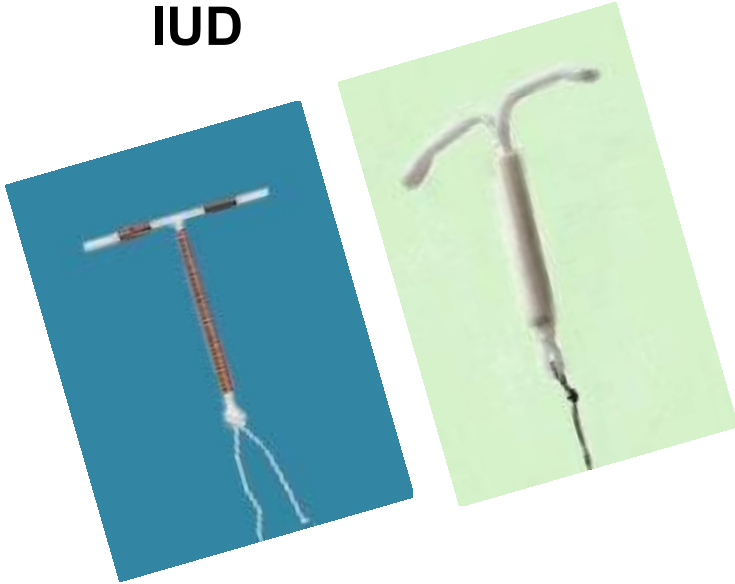
Bureau for Global Health, **USAID**

- Long acting and permanent methods (LA/PMs) and their features
- Programmatic considerations
 - Who's a good potential client
 - Program approaches
 - Challenges
- Country examples in service delivery and partnerships with **private sector**

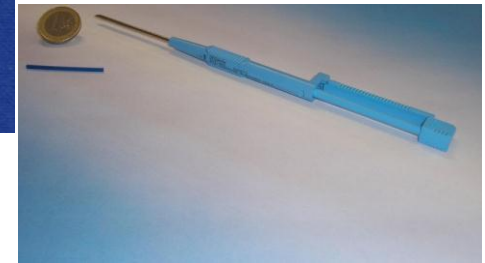


LA/PMs at a glance

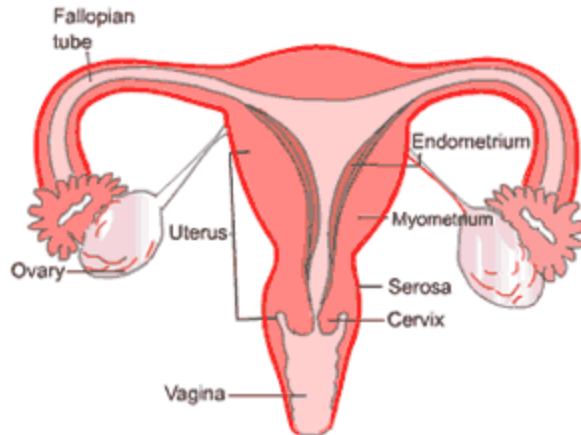
IUD



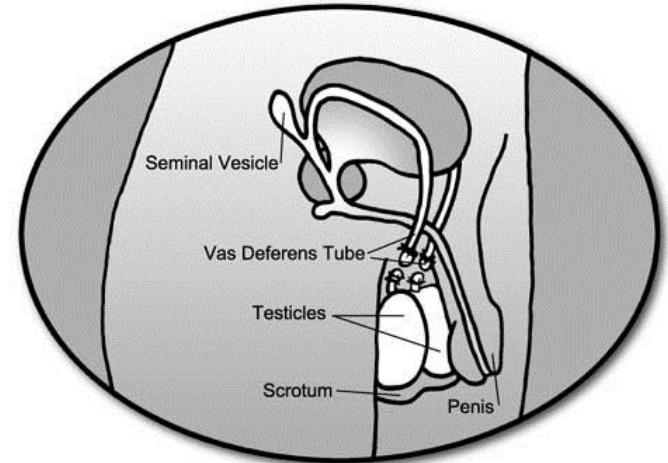
Implants



Tubal Ligation



Vasectomy



Advantages

- Long acting
- Wide eligibility
- High effectiveness
- Minimal effort for client once initiated
- Cost-effective

Challenges




- Service delivery intensive
- Provider dependent
- High upfront costs
- Quality essential (e.g. counseling, insertion, removals)
- Working toward sustainability

Long-Lasting Duration

- Female Sterilization remainder of lifetime
- Male Sterilization after 3 mo., for remainder of lifetime
- Copper containing IUDs 12 years
- Hormone containing IUDs 5 years
- Sino-Implant (II) 4 years (+)
- Jadelle 5 years
- Implanon 3 years (+)

CYP IUD (CuT)= 4.6 CYP Implant (5 yr)=3.8 CYP Sterilization=10

Comparison of available implants

	Sino-implant (II) 	Jadelle 	Implanon 
Manufacturer	Shanghai Dahua Pharmaceutical	Bayer Schering Pharma	Merck
Formulation	150 mg levonorgestrel in 2 rods	150 mg levonorgestrel in 2 rods	68 mg etonogestrel in 1 rod
Mean Insertion & Removal time	Insertion: 2 min Removal: 4.9 min	Insertion: 2 min Removal: 4.9 min	Insertion: 1.1 min Removal: 2.6 min
Labeled duration of product use	4 years	5 years	3 years
Trocars	Disposable	Disposable	Pre-loaded disposable
Cost of implant (US\$)	\$7.50 - 8.50	\$18.00	\$18.00
Product Cost per Year (if used for duration)	\$1.90 - 2.10	\$3.90	\$6.00

*Costs from Reproductive Health Supplies Coalition database, 2009. Select prices updated for 2011.

Costs of providing LA/PMs

When service delivery costs considered and compared to duration of effectiveness to client:

Implants \approx injectables and pills

IUDs, sterilization = lowest cost of all methods

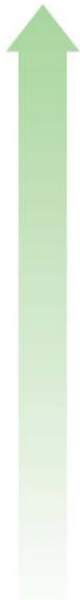




Comparing Effectiveness of Family Planning Methods

More effective

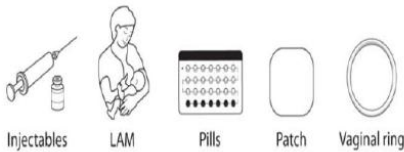
Less than 1 pregnancy per 100 women in 1 year



How to make your method more effective

Implants, IUD, female sterilization: After procedure, little or nothing to do or remember

Vasectomy: Use another method for first 3 months



Injectables: Get repeat injections on time

Lactational amenorrhea method, LAM (for 6 months): Breastfeed often, day and night

Pills: Take a pill each day

Patch, ring: Keep in place, change on time

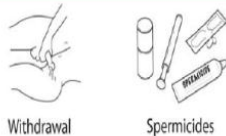


Condoms, diaphragm: Use correctly every time you have sex

Fertility awareness methods: Abstain or use condoms on fertile days. Newest methods (Standard Days Method and TwoDay Method) may be easier to use.

Less effective

About 30 pregnancies per 100 women in 1 year



Withdrawal, spermicides: Use correctly every time you have sex

LA/PMs are the most effective of all contraceptive methods

Programming Long Acting and Permanent Methods



Photo: MCHIP



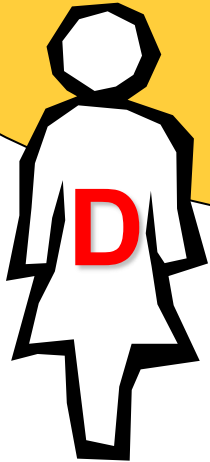
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Who can choose, and use LAs and PMs?

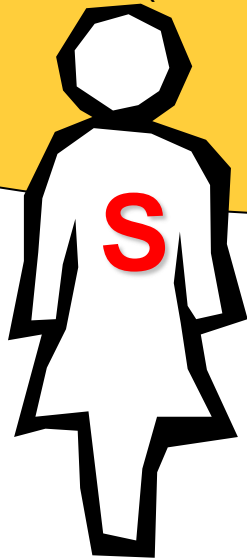
Long Acting Methods:

Implants (Jadelle, Sino-Implant II, Implanon)

IUDs (Cu T 380A, ML-375 LNG-IUS)



Delaying
first births
- Youth
- Nulliparous



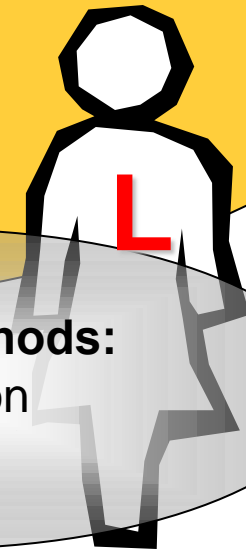
Spacing
between births
- Postpartum
- Postabortion



HIV+
women can
use any
LAPM

Permanent Methods:

Tubal Ligation
Vasectomy



Limiting births
after desired fertility
goals are reached
- High Parity
- Low Parity

What are challenges?

Demand side

- LA/PMs are generally not widely known, accessible
- Implants highly popular with little demand effort
- Myths & misconceptions – methods, side effects, eligibility
- Can be upfront costs to clients
- Counseling needed for understanding potential side effects and managing them
- “Twinning” implant provision can support IUD demand

What are challenges?

Supply side

- Facilities and providers lack LA/PM skills, supplies, instruments
 - *Counseling, ensuring choice*
 - *Ongoing quality assurance, removal services*
- Time to provide LA/PMs in busy clinics
- Provider bias may impede access
- Up-front costs to programs, providers
- Policy barriers on clinical cadre scope of practice impede access at lower levels
- Supply chain weaknesses

Trained, dedicated providers in facilities or communities

- **Mobile Clinical Outreach**
- **Single roving nurse**
- **LA/PM services coupled with special service days**
- **Social franchises for FP services, private clinics**
- **Community health workers**
 - **IEC, counseling, demand creation**
 - **Provision of short acting methods**
 - **Referral for LA/PMs**

Increase awareness of and commitment to LA/PMs

Facilitate public – private partnerships

Strengthen policies and systems

- Human resources
 - Task sharing
 - Pre-service and In-service training
- Contraceptive Security:
 - ensuring financing and supply of products, supplies, instruments
 - alternative financing (e.g. insurance, vouchers)
- HMIS, M&E, Research

IEC/BCC for LA/PMs



COUNTRY EXAMPLES



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Mali: LA/PM offered during Child Health Service Day



Source: PSI Mali

- **Weekly vaccination days** draw a crowd of PP women
- **PSI seconded dedicated providers** focus on FP
- **Group IEC, individual counseling**
- **Building capacity** with local staff

From 2009 – early 2012 provided 2,624 IUDs and 38,504 implants



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Zambia: Dedicated LA providers in MOH clinics



- PSI supported midwives in high volume public clinics
- Supplement work of regular MOH staff
- Increased times that IUDs, implants offered, improved availability of materials
- Helped existing MOH staff gain competency.

Source: SFH Zambia

From 2009 – early 2012 provided 62,798 IUDs and 62,952 implants

Malawi: Public private partnerships, supportive policies, mobile services

- Longstanding PPP MOH and CHAM, **BLM (MSI)**
- Supportive government policies
 - task-shifting (e.g. clinical officers can provide female sterilization)
- Free FP services at community level
 - Mobile outreach (nearly nat'l coverage)
 - CBD of injectables

Malawi mCPR increasing

1992: 7%

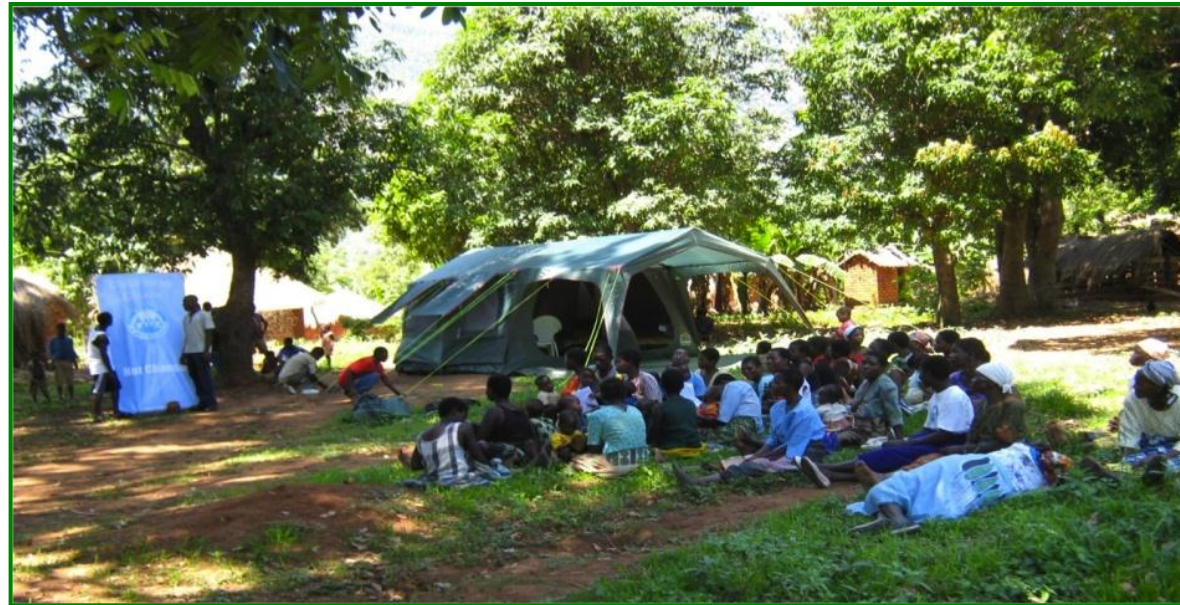
2004: 28%

[steril=5.8%; implant=.5%]

2010: 42%

[steril=9.7%; implant=1.3%]

Photo by Staff / Banja La Mtsogolo (BLM)





- Single roving nurse: most IUDs delivered by nurses/midwives taking public transport (buses, boats) to rural areas
- MSI provided 56,000 IUD insertions in 2007, a 200% increase over 2006
- Cost \$8 per IUD insertion in hard-to-reach, rural locations

Key Points

- LA/PMs are important methods (long duration, high effectiveness, high user satisfaction)
- Quality is crucial (counseling, removals)
- Highly successful program models
- Dedicated provider + product = key
- Need to address sustainability



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Thank you